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P	ATENT AF	PLICAT	ION FEE	DETERI	MINATIO	N RECORI	 )		lication or E	Oocket	Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
FOR NUMBER				D	EXTRA	RA	TE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))									\$ <u>0</u>	OR		§ <u>750</u>	
TOTAL CLAIMS (37 CFR 1.16(c)) 32				minus 20 =	12	x \$_	_=	0	OR	x <u>\$ 18</u> =	216		
INDE	PENDENT CLA	IMS 3		minus 3 =	*	0	x 42	2 _=	0	OR	x <u>84</u> =	0	
(37 CFR 1.16(b))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  0							+ 14	10 =	0	OR	+ 280 =	0	
* If the	difference in colum	ТО	TAL	0	OR	TOTAL	966						
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							ALL E	NTITY	OR	OTHER TI SMALL E		
AMENDMENT A		CLAIM REMAINI AFTER AMENDM	NG	NI PRE	GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA	R.A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	34.46	20	= 0	x \$_	9_=	0	OR	x \$ <u>18</u> =	0	
	(37 CFR 1.16(e)) Independent (37 CFR 1.16(b))	*	Minus	***	3	= 0	x 4		0	OR OR	x <u>84</u> =	0	
		FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLAIM (37 CFR 1.16(d))			40=	0	OR	+ 280 =	0	
	(Column 1) (Column 2) (Column 3)						TO ADDIT	OTAL . FEE	0	OR <sub>A</sub>	TOTAL DDIT. FEE	0	
AMENDMENT B		CLAIM REMAIN AFTEI AMENDN	ING R	N PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	R.	АТЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minu	ıs **		=	x \$_	9	= 0	OR OR	x \$=	0	
	Independent (37 CFR 1.16(b))	*	Minu	***		=	x _4	12 =	0	OR	x <u>84</u> =	0	
₹		FIRST PRESENTATION OF MULTIPLE			E DEPENDENT CLAIM (37 CFR 1.16(d))			40_=	0	OR	+=	0	
(Column 1) (Column 2) (Column 3)								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	0	
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING R	PR.	IIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Min	us **		=	x \$	9_=	= 0	OR OR	x \$_ <del>10</del> =	0	
	Independent (37 CFR 1.16(b))	*	Min	us ***		=	х_	42 =	_ 0	OR	x <u>84</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					37 CFR 1.16(d))		140	= 0	OR		= 0	
	If the enter in ac	TOTAL 0  The entry in column 1 is less than the entry in column 2, write "0" in column 3.  ADDIT. FEE									TOTAI ADDIT. FEE		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EN	OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			32				RATE	FEE		RATE	FE	E
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750	.00
то	TAL CHARGEA	BLE CLAIMS	3 2 min	us 20=	* 12		X\$ 9=		OR	X\$18=	9	16
IND	EPENDENT CL	AIMS	3 mir	nus 3 =	*		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	96	6
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	THA	N
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
AMENDMENT	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus			=	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	TCLAIM		+140=		OR	+280=		
		TOTAL			TOTAL ADDIT. FEE							
		ADDIT. FEE			ADDIT: 1 LL							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	EMAINING NUMBER AFTER PREVIOUSLY		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=		OR	X84=		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		+140=		OR	+280=		
							TOTAL		OR	TOTAL	-	
		(Column 3)	ADDIT. FEE		4	ADDIT. FEE						
AMENDMENT C		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIG NUM PREV	JMN 2) HEST MBER HOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
MO	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
WE'	Independent	*	Minus	***		=	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=		
.	If the entry in col	TOTAL	<b></b>	OR	TOTAL							
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												